## FOR UTILITY/DESIGN CIP/PCT NATIONAL/PLAN. ORIGINAL/SUBSTITUTE/SUPPLEMENTAL

## RULE 63 (37 C.F. 63) DECLARATION AND POWE. JF ATTORNEY FOR PATENT APPLICATION

PW **FORM** Z70389/UST

**DECLARATIONS** IN THE UNITED STATES PATENT AND TRADEMARK OFFICE As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I

believe I am the ori below) of the subject	ginal, first and sole inve ct matter which is claim	entor (if only one name is listed bel ned and for which a patent is sough	low) or an original, first and at on the INVENTION ENT	l joint inventor (if plural nam ITLED POLYMORPHIS	es are listed MS IN THE
HUMAN VCAM-	I GENE, SUITAE	BLE FOR DIAGNOSIS AND		CAM-1 LIGAND MEDI	ATED DISEASES
		HECK applicable BOX(ES))			
	s attached hereto.	20	II C Application No.	,	
BOX(ES) → B → → C	. Was filed on	International Application No	U.S. Application No.	on 15.09.1999	
	U.S. or PCT application		J. FCII <u>GB33 10303.</u>	011 13:03:1333	
		nd the contents of the above identified	specification, including the clai	ms, as amended by any amend	ment referred to
above. I acknowledge foreign priority benefits Application which design certificate, or PCT Inte	the duty to disclose all information at least one other of control of the control	ormation known to me to be material to d) or 365(b) of any foreign application(sountry than the United States, listed be by me or my assignee disclosing the st ) if no priority claimed, before the filing of	patentability as defined in 37 b) for patent or inventor's certifielow and have also identified bubject matter claimed in this ap	C.F.R. 1.56. Except as noted be cate, or 365(a) of any PCT Inter elow any foreign application for	elow, I hereby claim national patent or inventor's
PRIOR FOREIGN A	APPLICATION(S)		Date first Laid-	Date Patented	
Number	Country	Day/MONTH/Year Filed	open or Published		ty NOT Claimed
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9820338.3	GB	19.09.1998			
Except as noted below PCT international appli- application is in addition	. I hereby claim domestic p cations listed above or bel n to that disclosed in such	ttom and continue on attached page, priority benefit under 35 U.S.C. 119(e) downed, if this is a continuation-in-part (prior applications, I acknowledge the die between the filing date of each such p	or 120 and/or 365(c) of the indi (CIP) application, insofar as thuty to disclose all information is	ne subject matter disclosed and concern to me to be material to pa	claimed in this tentability as
PRIOR II S PROVI	SIONAL NONPROVIS	SIONAL AND/OR PCT APPLICAT	ION(S)	Status Priorit	y NOT Claimed
	ries code/serial no.)	Day/MONTH/Year Filed		andoned, patented	y NOT Claimed
further that these stater	nents were made with the	of my own knowledge are true and that knowledge that willful false statements e and that such willful false statements	and the like so made are puni	shable by fine or imprisonment,	or both, under
persons of that firm who transact all business in names of persons no lo the person/assignee/att	o are associated with USP the Patent and Trademark nger with their firm, to add orney/firm/ organization w	Ilectual Property Group, telephone num TO Customer No. 909 (see below label c Office connected therewith and with the new persons of their Firm to that Custo ho/which first sends/sent this case to the the above Firm and/or an attorney of the the second services.	) individually and collectively no be resulting patent, and I hereborner No., and to act and rely of them and by whom/which I here	ny attorneys to prosecute this ap y authorize them to delete from in instructions from and commun by declare that I have consented	plication and to that Customer No. nicate directly with
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	ENATURE: John	~ E.N. Morte	<b>-</b>	H - / 2-	Í
1) INVENTOR'S SIG	SNATURE: John		Date. V	February 200,	· · · · · · · · · · · · · · · · · · ·
Name I.IO	HN	L EN	MORTEN		
	First	Middle Initial		Family Name	
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Mailing Address	Mereside Ala	derlev Park, Macclest	ield Cheshire		Kingdom
include Zip Code)					
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2) INVENTOR'S SIC	NATURE:		Date:		
lame					
	First	Middle Initial		Family Name	
Residence					
	City	Stat	e/Foreign Country	Country of Citiz	enship
Mailing Address			<u></u>		
nclude Zip Code)					

FOR ADDITIONAL INVENTORS see attached page.

☐ See <u>additional foreign priorities</u> on attached page (incorporated herein by reference).

Atty. Dkt. No. P

(M#)